



PERSATUAN PEMAKANAN MALAYSIA
NUTRITION SOCIETY OF MALAYSIA
APPLICATION FOR MEMBERSHIP

Name: _____

Address (Office): _____

E-mail: _____ Tel: _____ Fax: _____

Address (House): _____

_____ Tel: _____

Academic qualifications (degree/subject/year): _____

(Applications for Ordinary membership should include photocopies of certificates of professional qualifications).

Professional qualifications: _____

Current position: _____

Specific area of interest/research: _____

Sex: _____ Identity card no: _____

Date of birth: _____ Place of birth: _____

Membership applied for (tick appropriate box):

Ordinary	<input type="checkbox"/>	(annual subscription RM50.00)
Life	<input type="checkbox"/>	(RM500 payable upon election as member)
Associate	<input type="checkbox"/>	(annual subscription RM30.00)
Student	<input type="checkbox"/>	(annual subscription RM20.00)
Corporate	<input type="checkbox"/>	(annual subscription RM500.00)

Application proposed by: _____ Signature: _____

Application seconded by: _____ Signature: _____

I declare that the particulars given above are correct and, if elected, agree to abide by the Rules of the Persatuan.

Date: _____ Signature: _____

(FOR OFFICIAL USE ONLY)

Date received: _____ Date approved: _____

Date informed: _____ Fees received: _____

Membership No: _____ Signature of President: _____

Registered Office: do Division of Human Nutrition, Institute for Medical Research,
Jalan Pahang, 50588 KUALA LUMPUR, Malaysia. Tel : 03 - 4040 2384 / Fax : 03 - 2694 3575